18 Month Old AHCCCS EPSDT Tracking Form

Date: | Last Name | First Name | AHCCCS ID#: | Age:

Primary Care Provider Name and Office Phone Number | Contractor: | DOB:

Accompanied by: | Allergies:

Weight: | Percentile: | Length: | Percentile: | Head Circ: | Percentile:

HISTORY:

Temp: _____
Pulse: _____
Resp: _____

Parental Comments/Concerns:

Dental Screen: Daily tooth brushing? Frequency of sugar intake & snacks low in sugar discussed? Yes ____ No ____

Nutritional Screen: Breast/whole milk: _____ Table foods: _____ Supplements: _____ Cup: _____

Developmental Screen: Age Appropriate? (e.g., uses a cup, walks backwards, says 10-20 words) Yes ____ No ____

If suspicious, specific objective testing performed _____

Behavioral Screen: Age appropriate? (parental interview) Yes ____ No ____

PHYSICAL EXAM

Are the following normal?	Yes	No	Describe abnormal findings:	LABS ORDERED:
1. Skin/Hair/Nails				Tuberculin Test
2. Ear/Hearing				Yes ____ No ____
3. Eyes/Vision (red reflex)				**(perform if at risk)**
4. Mouth/Throat/Teeth				
5. Nose/Head/Neck				**SCREENINGS:**
6. Heart				Verbal Lead Risk Assessment
7. Lungs				Yes ____ No ____
8. Abdomen				**(perform at 18 mo of age)**
9. Genitourinary				
10. Extremities				**ADDITIONAL LABS:**
11. Spine (scoliosis)				**Specify:**
12. Neurological				

ASSESSMENT & PLAN:

IMMUNIZATIONS: **Pt. needs immunizations?** **Yes** ____ **No** ____ **Delayed?** _____ **Deferred?** _____

Given today? **Hep B** _____ **DTaP** _____ **IPV** _____ **Varicella** _____ **Influenza** _____ **Other** _____

ANTICIPATORY GUIDANCE

- Sleep practices
- Drowning prevention
- Injury prevention /911
- Car seat
- Dental caries prevention
- Nutrition/mealtimes
- Sibling interaction
- Read to child
- Discipline/limits
- Parenting practices
- Family involvement
- Interaction with parents/reading
- Next appt./transportation needed?

REFERRALS: **CRS** _____ **WIC** _____ **DDD** _____ **ALTCS** _____ **Specialty** _____ **Other** _____

Yes _____ No _____

Clinician Name (print): Clinician Signature: See Additional/Supervisory Note?

Revised January 1, 2004